IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)											
	DOUS WASTES FROM m non-specific source							CFR Part 261.3	1 for ea	ch listed hazardous	S
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23	- 26	23 - 26	23	- 26	2	3 - 26	arm to had	23 - 26		23 - 26	
B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.											
	13	14		15		16		17		18	
23	- 26	23 - 26	23	26	2	3 - 26		23 - 26		23 - 26	
	19	20	-	21		22		23		24	
23	- 26	23 - 26	23	- 26	2	3 - 26	41	23 - 26		23 - 26	
Interior I	25	26		27		28		29	A L	30	
JOHN LAND											
C. COMMER	RCIAL CHEMICAL P	RODUCT HAZA	ARDOUS W	ASTES. E	nter the fo	ur—digit nun	nber from	40 CFR Part 20	61.33 fc	or each chemical su	ub-
C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.											
	31	32		33		34		35		36	
U	2 3 9										
23	- 26	23 - 26	23	- 26	2	THE RESERVE OF THE PERSON NAMED IN		23 - 26		23 - 26	
	37	38		39		40		41		42	
		Maria Allina				3 - 26	100	23 - 26		23 - 26	
23	43	23 - 26	23	45	Ž	46	23.33	47		48	
K State						P Prefix					
23	- 26	23 - 26	23	- 26	2	3 - 26	1511	23 - 26		23 - 26	
D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.											
	49	50		51		52		53		54	
23	- 26	23 - 26	23	- 26	2			23 - 26		23 - 26	
E. CHARACTERISTICS OF NON—LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non—listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.)											
(	1. IGNITABLE		XX2. COR D002)	ROSIVE		☐3. F (D003)	REACTIVE			4. TOXIC	
X. CERTII	FICATION			OF THE					Man.	A STATE OF THE STA	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.											
SIGNATURI	E, 10	NAME &	OFFICIAL	10	DATE SIGNED	September 1					
Hallsurkt-2				James Brockland - Vice President, Mfg.						August 4, 1	980
EPA Form 8700-12 (6-80) REVERSE											